

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

ENGEL FOR CONGRESS

ADDRESS (number and street)

462 CALIFORNIA RD

Check if different
than previously
reported. (ACC)

BRONXVILLE

NY

10708

- 2.
- FEC IDENTIFICATION NUMBER**

C00236513

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS
-
- REPORT

NEW
(N)

OR

X

AMENDED
(A)

NY

17

- 4.
- TYPE OF REPORT**
- (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report
(Non-election Year Only) (MY)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period 01 01 2002 through 03 31 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Debby Linhardt

Signature of Treasurer Electronically Filed by Debby Linhardt

Date 06 10 2002

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

Office
Use
Only**FEC FORM 3**
(Revised 1/2001)